



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTHCARE – MUNSTER

City of Hospital: Munster

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Amy Solomon

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Medicare Provider Number: 15-0165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$128233982
Outpatient Patient Service Revenue	\$290348630
Total Gross Patient Service Revenue	\$418582612

2. Deductions From Revenue

Contractual Allowance	\$299648558
Other Deductions	\$11415353
Total Deductions	\$311063911

3. Total Operating Revenue

Net Patient Service Revenue	\$107518701
Other Operating Revenue	\$3020240
Total Operating Revenue	\$110538941

4. Operating Expenses

Salaries and Wages	\$39080718	Employee Benefits	\$10335955
Depreciation and Amortization	\$10627503	Interest Expense	\$2212684
Bad Debt	\$1570926	Other Expenses	\$37760570
Total Operating Expenses	\$101588356		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8950585	Total Assets	\$457272376
Net Non-operating Gains over Loss	\$-25119	Total Liabilities	\$401635992

Total Net Gains	\$8925466
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$203720380	\$163115959	\$40604421
Medicaid	\$51775077	\$30894561	\$20880516
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$163087155	\$105638038	\$57449117
Total	\$418582612	\$299648558	\$118934054

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$30971	\$7479	\$23492

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$61087	\$0	\$61087
Hospital Patients	\$0	\$0	\$0
Community Education	\$2087	\$0	\$2087

Number of Medical Professionals Trained	19
Number of Hospital Patients Educated	116366
Number of Citizens Exposed to Health Education Messages	2694

Statement Six: Charity Statement
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Hospital Charity Charges	\$9610093
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5814681	
HCI Payments	\$0		
Subtotal	\$0	\$5814681	\$-5814681
Medicaid Shortfalls	\$10576968	\$19559543	
Subtotal	\$10576968	\$25374224	\$-14797256
DSH Payments	\$0		
Subtotal	\$10576968	\$25374224	\$-14797256
Medicare Shortfalls	\$33816645	\$81294747	
Other Government Programs	\$0	\$0	
Total	\$44393613	\$106668971	\$-62275358

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$26494	\$26494
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-6757	\$6757
Other Allocations	\$0	\$0	\$0

Comments

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